FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # **K10387** **(4)**

1. Entity Name

DAFT COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
375 MAGNOLIA AVENUE MERRITT ISLAND FL 32952	375 MAGNOLIA AVENUE MERRITT ISLAND FL 32952

3. Date Incorporated/Qualified: **12/30/1987**

3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0022083** — Applied For / Not Applicable

Suite, Apt. # or Bldg. — 22 / 27

5. Certificate of Status Desired — $8.75 Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

24 / 25 / 29 / 30

7. Is this corporation a subsidiary of another corporation organized under the laws of Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent

KELLY, CHARLES D.
375 MAGNOLIA AVENUE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

If changing registered agent, new registered agent must sign above. — If changing registered office address, an officer must sign above.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	KELLY, CHARLES D.	NAME	
STREET ADDRESS	375 MAGNOLIA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I, the undersigned, do hereby acknowledge that the information supplied with this report is complete, accurate and in accordance with Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: Charles D. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0070250 CP